

CITY OF VAN METER

Appointment/Reappointment Application

Instructions: Please fill out this application as it relates to the position for which you are applying. You may include, as an attachment, additional information that you believe will help your candidacy. Failure to follow these instructions will result in your disqualification.

Applications are to be submitted in one of three ways.

- 1) In person at City Hall.
- 2) Mailed to City of Van Meter, PO Box 160, Van Meter, IA 50261 3) By email to janderson@cityofvanmeter.com

APPLICANT IN	IFORMATION							
Last Name			First	First			Date	
Street Address						Apartment/Unit #		
City			State	State				
Phone			E-mail	E-mail Address				
Position Applied fo	or							
Have you ever bee	en convicted of a	a felony? YES	NO 🗆	If yes, ex	plain			
EDUCATION								
High School								
From	То	Did you graduate?	YES	NO 🗌	Degree			
College								
From	То	Did you graduate?	YES 🗌	NO 🗌	Degree			
Other								
From	То	Did you graduate?	YES	NO 🗆	Degree			
EMPLOYMENT	HISTORY							
Company								
Address								
Job Title								
Responsibilities								
From			То					
Company								
Address								
Job Title								
Responsibilities								
From			То					



OTHER HISTORY AND EXPERIENCE AS IT R	RELATES TO THE POST	TION	
REFERENCES			
Please list three professional references.			
Full Name	Relation		
Company	Phone	()
Full Name	Relatio	nship	
Company	Phone	()
Company		`	
	To one year		
Full Name	Relation	nship	
Company	Phone	()
DISCLAIMER AND SIGNATURE			
I certify that my answers are true and complete to the			
If this application leads to appointment or reappointment may result in my release.	ent, I understand that false	or misle	ading information in my application or interview
Signature			Date



BOARD OF TRUSTEES

SUPPLEMENTAL FORM

In addition to filling out the application form, candidates are requested to provide additional information to assist the Board of Library Trustees in their process to recommend names to the City Council.

NAME	ADDRESS	
CITY	_ ZIP PHONE	
PERSONAL EMAIL	OCCUPATION	
BUSINESS NAME	ADDRESS	
BUSINESS PHONE	BUSINESS EMAIL	
	OF VAN METER OR RUAL DALLAS COUNTY _	
SIGNATURE OF APPLICANT		DATE

SUPPLEMENTIAL QUESTIONS

Why you are interested in becoming a Library Trustee?
What do you think the Library's most important roles are for the community?
What former or current activities, accomplishments, experiences, education, attributes, training, interests, etc. do you feel would provide positive input to the work of the Van Meter Public Library?
What are some of the problems and challenge you think public libraries face?